UCI

TASK FORCE ON CAMPUS CULTURE: ALCOHOL, DRUGS AND BEHAVIOR

FINAL REPORT AND RECOMMENDATIONS

APRIL 15, 2019

Student Affairs

CONTENTS

I.   EXECUTIVE SUMMARY

The UCI Task force on Campus Culture: Alcohol, Drugs and Behavior was launched in response to the tragic, preventable death of freshman student Noah Domingo in January, 2019. Task force members conducted a rapid assessment of current campus programs to promote student well-being, and to address alcohol and other drug use. They identified many dedicated people, programs and educational initiatives to address these issues within UCI. Additionally, task force members identified many opportunities to strengthen and expand our efforts to promote student wellness as a foundation of success.

The task force proposes that UCI adopts an overarching *'culture of health'* framework to support student, staff and faculty member's mental and physical well-being. This approach, to be named by leadership, would include a broad array of initiatives infused across the campus and UCI Health to enhance and coordinate existing efforts, address gaps in programming, consistently implement best practices, and evaluate progress. These efforts would be led by a 'chief wellness officer' and guided by a steering committee comprised of key stakeholders.

Task force recommendations are organized around the following distinct yet interrelated themes:
1. **Recruit a Chief Wellness Officer and leader(s) to amplify and coordinate efforts**
   a. Create a leadership council comprised of key stakeholders to guide efforts over the long-term.
   b. Ensure adequate resources and infrastructure dedicated to the development, education, promotion, and implementation of wellness programs.
   c. Determine outcome measures, monitor progress and refine efforts.
2. **Build awareness and skills**
   a. Offer an online or in-class wellness course, similar to Life 101, as a required course for all freshman and transfer students.
   b. Develop mandatory short online training programs to educate students, staff, and faculty about wellness resources available at UCI.
   c. Educate all students, staff and faculty through required courses and ongoing trainings.
   d. Communicate efforts across the campus through social media and the arts.
   e. Offer a wellness package of services from which students can select.
3. **Enhance and sustain partnerships**
   a. Promote collaboration among faculty and staff across UCI schools and departments including the Susan and Henry Samueli College of Health Sciences to develop innovative research focused on how to improve the health of college students.
   b. Collaborate with the UC System and sustain the UCI Healthy Campus Initiative.
   c. Engage with the City of Irvine, local communities, the Orange County Health Care Agency and philanthropists to promote 'town-gown' efforts.
   d. Join national efforts to learn from and contribute to best practices.

II. INTRODUCTION

In February 2019, Chancellor Howard Gillman directed Interim Vice Chancellor of Student Affairs Edgar Dormitorio to assemble a team of students, faculty, staff and law enforcement to review and report on the current campus culture as it related to alcohol and other drugs, with a final report of recommendations due on April 15, 2019. To that end, Interim Vice Chancellor of Student Affairs Dormitorio assembled a task force consisting of an interdisciplinary set of experts, stakeholders, and allies to review the issue and prepare a report. Dr. Cynthia Haq, Chair of Family Medicine and a champion of public health, was asked to chair the task force.

This initiative was triggered by a tragedy which resulted in the death of a UCI undergraduate student in January, 2019. Due to the short timeline, this is a rapid assessment. This report summarizes task force findings and recommendations for long-term, coordinated efforts to reduce the risk of recurrent tragedies.

The task force met four times over ten weeks to conduct an assessment and craft a response. The first meeting included introductions, review of the charge, rapid review of existing resources, and set the stage for the work to follow. Subsequent meetings identified opportunities to address the campus culture and generated recommendations. The task force used a modified nominal group technique to ensure that all member's perspectives were heard and considered. This technique involved 4 stages: silent generation of ideas, round robin sharing, clarification and discussion, and voting or prioritization. (See Appendix A for Nominal Group Technique.)

The task force honors the spirit of the late student Noah Domingo and thanks his family for their perspective and contributions. We extend our appreciation to former Irvine Mayor Beth Krom who provided recommendations and for her participation in the national Healthy Campus 20 by 30 initiative.

III. TASK FORCE MEMBERS

Cynthia Haq	Clinical Professor and Department Chair, Family Medicine, School of Medicine, Task force Chair
Tereza Agesyan	President, Multicultural Greek Council
Luis Angel Cendejas	Healthy Campus Project Manager
Dan Cooper	Associate VC for Clinical and Translational Science and Professor of Pediatrics and Biomedical Engineering, School of Medicine
Doug Everhart	Director, Student Wellness and Health Promotion
Anthony Frisbee	Police Lieutenant – Patrol, UCI Police

Richard Gannotta	CEO, UCI Health System
Peyton Geyser	President, Panhellenic Association
Mike Hallinan	Police Lieutenant – Operations, UCI Police
Charles Harris	President, Interfraternity Council
Marcelle Hayashida	Associate Vice Chancellor, Wellness, Health and Counseling Services
Mahtab Jafari	Professor, Pharmaceutical Sciences
Sheefteh Khalili	Executive Director for Academic Planning Projects, Academic Affairs
Carlos Konishi	Pediatric Psychologist, Children's Hospital of Orange County (CHOC)
Jenel Lao	Lecturer and Interim Director of Undergraduate Programs, Education
Annie Le	President, ASUCI
Tawny Luu	Director of Compliance, Equal Opportunity and Compliance
Marina Mantos	Interim Director, Greek Life, Student Life & Leadership
Daniel Martinez	Student Advocate General, ASUCI
Adeline Nyamathi	Founding Dean and Distinguished Professor, Sue & Bill Gross School of Nursing
Christopher Richmond	Risk Manager, Division of Finance and Administration
Sharon Stead	Director, Middle Earth Housing
James Steintrager	Professor, Academic Senate Chair Elect, English

IV. TASK FORCE CHARGE

The youngest member of the prestigious Association of American Universities, UC Irvine is committed to excellence and social impact. While the campus has invested heavily in programs, workshops, and training to educate students and leaders about alcohol and other drug abuse, the related consequences of such abuse still persist on the campus, as they do on most college campuses. Working toward a future of enhanced self-care, mutual care, bystander intervention, and whole-person wellness for the campus, Chancellor Gillman charged the task force with the following:

Review and report on:

    a. the current campus culture;
    b. existing efforts toward promoting health and preventing abuse; and
    c. recommendations for how we might improve the campus culture and policies based on new research, best practices, and promote our aspirations to ensure a healthier environment in the future.

V.   NATIONAL LANDSCAPE

Understanding the national landscape of college drinking is important to frame the discussion and provide background for this report. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), drinking has become a ritual that college students see as an integral part of their college experience and the college environment can worsen the problem. In a national study cited by NIAAA, almost 60 percent of full-time college students ages 18-22 consumed alcohol in the past month, and almost 38 percent engaged in binge drinking in the same time-period. According to NIAAA, these rates are higher than their peers not attending college. NIAAA defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dl, which is typically after 4 drinks for women and 5 drinks for men, in a 2-hour period.

There are many consequences to college students abusing alcohol. According to NIAAA, there are an estimated 1,519 student deaths each year related to drinking by college students ages 18-24. Additionally, NIAAA estimates there are 696,000 assaults by another student engaged in drinking and 97,000 cases of sexual assault or date rape each year related to drinking.

NIAAA believes that addressing the problem of college drinking involves a multitude of strategies that target individual students, the student body as a whole, and efforts of surrounding communities. There are 4 categories of individual level intervention according to NIAAA:
    1. Education and awareness programs;
    2. Cognitive-behavior skills-based approaches;
    3. Motivation and feedback-related approaches; and
    4. Behavioral interventions by health professionals.

With respect to strategies that target the campus and surrounding population, NIAAA recommends reducing the availability of alcohol as a major goal. Research has demonstrated that reducing the availability of alcohol reduces consumption and its harmful consequences to college students and the surrounding communities. (See Appendix B for NIAAA Fact Sheets.)

Universities across the nation have created task forces and committees to examine the issue of college drinking and to provide recommendations to prevent alcohol abuse, enhance student wellness and promote a healthy campus culture. Final reports of recommendations are sometimes available to the public and are typically posted on university websites. Appendix C

contains a listing of some of the recent reports of recommendations generated by similar university task forces on alcohol and drugs. When reviewing these reports, it is important to note that the recommendations are often school and context specific. There are other differences, such as the specific task force charge and length of time the task force had to meet and review the issues, all of which can vary greatly from report to report.

Additionally, the American College Health Association sponsors healthy campus initiatives and provides resources and robust recommendations for promoting student wellbeing. They have recently launched a Healthy Campus 2030 initiative with a goal of reaching 20 million college students by the year 2030. (See Appendix D for more information about Healthy Campus 2030.)

VI.   CAMPUS PROFILE AND CULTURE

b. Campus Overview

UC Irvine was founded in 1965 and despite being a young campus, it has seen tremendous enrollment growth and success over the years. It was recently named by the New York Times as the #1 university doing the most for the American dream and is a designated Hispanic-serving institution and Asian American and Native American Pacific Islander-serving institution. It currently offers 87 bachelor's degrees, 76 master's degrees, and 53 doctoral degrees. It is 1 of 62 leading research universities elected into the Association of American Universities, and has 29 graduate programs ranked in the nation's top 50, according to U.S. News and World Report.

UCI is home to the Susan and Henry Samueli College of Health Sciences including the Schools of Medicine, Nursing, Pharmacy and Population Health. The faculty of the College provide clinical services, education at the community, undergraduate, graduate and post-graduate levels, conduct cutting edge research, and provide extensive community outreach. The Samueli Center offers an integrative approach to health including extensive programming to promote healthy nutrition, exercise, sleep, stress management and mindfulness training.

In the fall of 2018, UCI campus enrollment numbers totaled 36,742, with 29,736 undergraduates, 5,654 graduate students (general campus) and 1,352 graduate students (including the health sciences). The one-year retention rate is 93% and the four-year retention rate is 70%. The campus demographics for 2017 were as follows:

Total undergraduates 29,736

Gender
  Women 53%
  Men 47%

Race / Ethnicity
  Hispanic 26%
  American Indian or Alaska native <1%
  Asian 35%
  Black or African-American 2%
  Native Hawaiian or other Pacific Islander <1%
  White 14%
  Two or more races 4%
  Non-resident alien 17%
  Race / ethnicity unknown 2%

Geographic distribution
  California 80% Other U.S. states & territories 2%
  Other countries 18%

Total Graduates 7006 (including Health Sciences)

Gender
  Women 45%
  Men 55%

Race / Ethnicity
  Hispanic 12.3%
  American Indian or Alaska Native 2.8%
  Asian / Pacific Islander 26.7%
  Black, non-Hispanic 4.4%
  White, non-Hispanic 39.1%
 Unknown / Declined to state 14.8%

Geographic distribution
  US Citizen or Resident 67%
  International 33%

Campus facts and statistics can be found here: https://www.uci.edu/university-facts/index.php

In 2016-2017, the campus had over 600 registered campus organizations. The graph below provides a breakdown of campus organizations by category.

2016 - 2017 Registered Campus Organizations - Numbers by Category
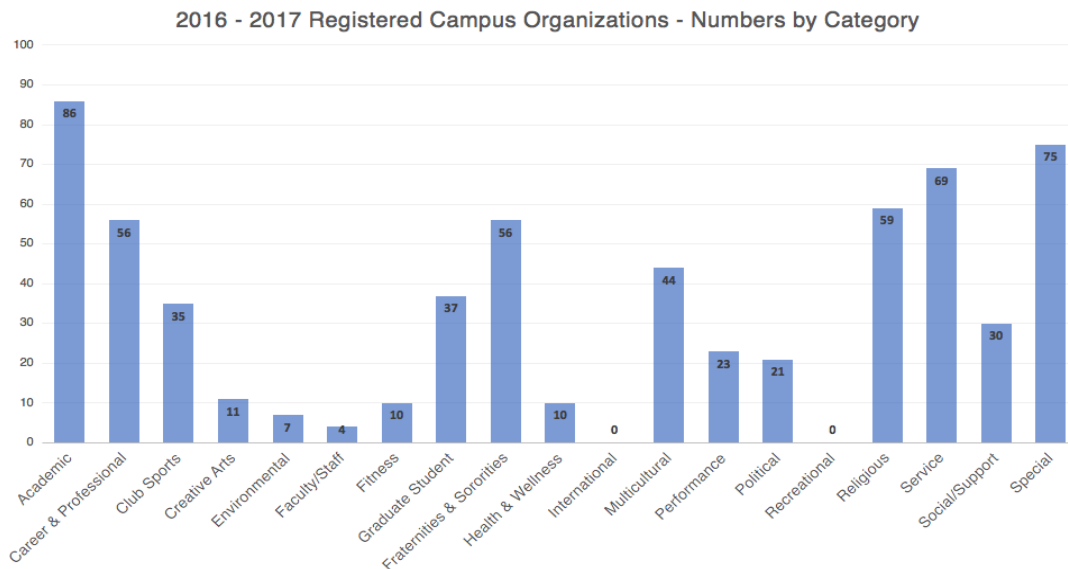
In fall 2018, 6.20 percent of students pledged fraternity memberships and 7.63 percent pledged sorority memberships.

c. Campus Culture Related to Alcohol and Drug Use

As stated above, NIAAA reports that drinking is prevalent on college campuses across the country. While UCI is no different, our consumption rates and behaviors are reported to be below the national trends. All campus Alcohol and Other Drugs (AOD) statistics cited in this section come from the National College Health Assessment survey, last conducted at UCI in Spring of 2017. This survey was distributed to all UCI students. Responses were received from 1,965 undergraduate students, and 470 graduate students. This represents about an 8% response rate, a response rate that is only slightly less than other UC campuses.

The NIAAA and most AOD researchers define "current use" as 30-day prevalence of use. The UCI current use rate was 42% for undergraduates (compared to almost 60% nationally), and 69.7% for graduate students. UCI student perception of 30-day prevalence of use was 90.5% for undergraduates, and 93.4% for graduate students. Social norms campaigns are designed to address differences between student perception and actual use of AOD.

Regarding "binge-drinking", or consuming alcohol to reach a Blood Alcohol Concentration of 0.08 grams percent or higher, the legal level of intoxication, (about 5 or more drinks for men; 4 drinks for women), 17.3% of UCI undergraduates and 17.3% of UCI graduate students reported binge use (compared to 38% nationally). While alcohol is available and accessible on campus, it is not considered a dominant part of the social culture by most students. (See Appendix E for complete survey results.)

VII. EXISTING CAMPUS EFFORTS TOWARD PREVENTING ALCOHOL AND DRUG ABUSE

Alcohol and Other Drugs Task force: Over a decade ago, an UCI AOD Task force was formed by the Division of Student Affairs and was dedicated to bringing campus partners together to discuss and address AOD concerns of the campus. The task force met regularly and was instrumental in bringing key AOD issues to the forefront. One of the AOD Task force's most important projects was to ensure the campus was in compliance with the Drug Free Schools and Communities Act (DFSCA) of 1989 (EDGAR, Part 86). While the group was able to compile information and data for the report, especially for student-related AOD efforts, the requirements of the Biennial Review went beyond students and the scope of Student Affairs, so there were challenges to completing reports as required. Without a clear charge or adequate funding to maintain and sustain efforts, the AOD Task force suspended meetings in the spring of 2017.

Based on the NIAAA framework listed in Section V above, following is an outline of some of the current approaches UCI employs to address AOD issues. These are primarily rooted in a harm-reduction philosophy, using evidence-based and best-practice strategies.

a. Education and Awareness

In addition to AOD content being taught in a wide variety of academic courses (primarily in public health and social ecology), the Center for Student Wellness and Health Promotion provides a wide variety of educational programs and awareness campaigns. From AOD awareness weeks/months to safe spring break fairs, students are educated not only on basic AOD content, but on the many resources available on campus and in the community to support them. More specific and targeted education is delivered in workshops that are designed for specific populations (first-year students, classes for policy violators, housing communities, athletics, Greek Life, etc.). Some education and awareness is also conducted in online modules like FIRST (UCI's First-year Internet Required Safety Training) and E-CHUG/E-TOKE (online alcohol and marijuana assessments developed at San Diego State).

b.   Cognitive-Behavior and Skills-Based Approaches

As mentioned above, social norms approaches challenge student misperceptions about AOD use. With intentional and strategic sharing of actual use data, misperceptions can be corrected. These campaigns are effective by providing accurate information that most students choose not to drink or use illicit drugs at all, or when doing so, they are partaking at much lower rates than others may think. This allows students to avoid misperceived social pressure that they need to drink or use drugs to "fit in" at UCI. However, social norms for students may differ in the Greek fraternity and sorority system.

Another educational skill-based strategy is the "Blood Alcohol Content (BAC) Management" approach. This strategy provides students information about how to predict and manage their BAC, how to calculate the alcohol content of what they drink, and strategies to spread out the consumption of drinks. This method includes information about how to avoid high-risk behaviors and unwanted outcomes of intoxication.

d.   Motivation and Feedback Related Approaches

UCI utilizes a customized and tiered approach with educational response to AOD policy violations by students, with the goal of matching an appropriate and effective response to the needs of individual students. In addition to an initial conversation with a conduct officer or other adjudicator, students may be asked to complete an online AOD assessment (such as E-CHUG for alcohol or E-TOKE for marijuana, both developed by San Diego State University) and/or write a reflection paper before reconvening to discuss what they learned. Other first-time alcohol violations may be referred to the weekly Alcohol Awareness Class conducted by the Center for Student Wellness and Health Promotion. This class covers UCI AOD data and social norms, BAC management, and avoiding high-risk behaviors. Second level alcohol violations, or a more serious first-time offense like Driving Under the Influence (DUI) or hospital transport, are handled with a more intensive response, and often includes a referral to Brief Alcohol Screening and Intervention for College Students (BASICS). BASICS is an individual consultation with UCI's AOD Program Manager, and is grounded in the Brief Motivational Interviewing model (Miller and Rollnick, 1995) and utilizes the Transtheoretical or Stages of Change framework (Pochaska and DiClemente, 1998). This evidence-based approach meets students where they are and helps motivate them to

develop goals to modify their behavior to match their personal, academic and career goals. Violations for drugs other than alcohol are either handled by the adjudicator, or referred to the AOD Program Manager for an AOD Consultation that is similar to the BASICS model for alcohol.

e.   Behavioral Interventions by Health Professionals

When students in BASICS or AOD Consultation appointments show signs of needing more than education and/or motivation and feedback, then they are referred to clinical partners in the Counseling Center or Student Health Center for further assessment, evaluation and treatment.

f.   Environmental Approaches

Research confirms that information alone does not change behavior. Therefore, along with strategies listed above, UCI works with the campus and local community to promote an environment that supports health. Servers of alcohol in our Anthill Pub, Bren Events Center, Anteater Ballpark, and catering are trained in Responsible Beverage Service (RBS), which is also a best-practice strategy to promote responsible drinking. Educational information on BAC Management is posted in locations where alcohol is served on campus.

A collaborative partnership between Student Wellness & Health Promotion, Hospitality and Dining Services, UCIPD, and Association for Graduate Students led to the elimination of the "Quarter Club" at the Anthill Pub in 2013. Students who came in for a beer every day for an entire academic quarter (10 weeks) would get their name posted on the wall as a member of the "Quarter Club."

UCI engages in collaboration with campus and local law enforcement to consistently address high-risk behaviors. The campus worked very closely with the Cities of Irvine and Newport Beach on efforts to develop policies like Social Host Ordinances, holding party hosts accountable for hosting events where alcohol was present and/or being served.

UCI has also distributed policies to students regarding the use of cannabis. Legalization of cannabis by the State remains in contrast to Federal Laws to which the campus must adhere to receive federal funding.

g. Bystander Intervention

UCI also utilizes the "Step Up UCI!" bystander Intervention program to encourage bystanders who witness or observe high-risk or concerning behavior, especially around AOD issues, to be proactive in helping someone in need or making dangerous/risky situations better (www.StepUpBystander.uci.edu). Using the "see something, say something, do something" slogan, participants in this training program are encouraged to safely and effectively intervene, using specific skills and strategies to provide appropriate

help. This is important, as people who are intoxicated often don't have the insight and judgment to recognize they are in need of help. This approach is a way to empower bystanders to do their part by reporting concerns. Students and all bystanders should be aware that if they report, they will not face charges of misconduct.

VIII. EXISTING CAMPUS EFFORTS REGARDING MENTAL HEALTH AND WELLNESS

This section highlights the current work on campus around the issues of mental health and wellness.

a. Provost's Leadership Academy Sub Group on Mental Health & Wellness (Sept 2018-June 2019)

The Provost's Leadership Academy (PLA) is a leadership training program for future faculty administrators. Each year the participants complete projects on various topics, and this year one group is working on designing an information dissemination plan about mental health concerns to all faculty. In recent years there have been increases in the number of services and offerings available to students. However, there is a general lack of awareness of the pervasiveness of student mental health issues on campus and the resources available to address them. The PLA group is designing a classroom information sheet to be posted in all classrooms and lecture halls on campus with basic emergency and non-emergency student mental health resource referrals. They are also developing a plan to ask for "wellness ambassadors" in every school (associated with faculty service credit) so some faculty can receive more comprehensive training on how to manage situations with students in crisis and can help other faculty.

b. Academic Planning Group Mental Health Task Force (Sept 2018 – June 2019)

The Academic Planning Group (APG) is a high-level joint Senate-Administrative body advising the Provost on academic resource allocation and strategic emphases. This year a task force is focused on mental health and wellness of undergraduate and graduate students. The task force is recommending changes to ensure wellness is integrated into all policies, and that faculty are held accountable for student well-being in their teaching/mentoring. The group is advising on the development of the Provost-sponsored Be Well website which is designed to address the fragmentation of services on campus and lack of awareness. This website maps out all mental health and wellness programs on campus and directs visitors to the resources that they need. The group is also looking at models for a graduate student community center as a way to better support the growing graduate population and their specific needs.

c. UCI Healthy Campus Initiative (2017-2018)

The UCI Healthy Campus Initiative included five working groups from June 2017-December 2018 (mental health, nutrition, alcohol and substance abuse, physical activity, sexual health). Each of the working groups conducted asset mapping of pre-existing health and wellness resources, identified gaps in knowledge in each area and made recommendations for action plans to improve campus health. Funding for the UCI Healthy Campus Initiative was initially provided by UCOP's Healthy Campus Network Initiative. This group is now inactive while the campus determines the best way to proceed with a UCI-based initiative. (https://www.icts.uci.edu/ce/healthy.php)

d. Mental Health Initiative Committee (2006-present standing committee)

The Mental Health Initiative (MHI) is a standing committee of faculty and campus administrators from the Counseling Center, Police, Disability Services, Student Health and other major units serving students. The group focuses on resources, space, and urgent needs and possible recommendations. MHI has recently recommended mandatory online training for all faculty and staff, an external review of provisions of mental health care services on campus, and mandatory training for all department chairs.

IX.   FINDINGS AND OBSERVATIONS

Sections VII and VIII of this report highlight the breadth of the crucial work that currently exists in promoting a healthy campus culture and preventing alcohol and other drug abuse among students. Our review of existing efforts demonstrate that our campus has a strong network of programs and individuals dedicated to this important work. Nevertheless, the task force identified many opportunities for improvement.

Our findings and observations are organized into thematic, interrelated categories: Leadership and Organizational Infrastructure; Education of Students and Faculty; Communication; Resources; Data; and Partnerships and National Initiatives.

a. Leadership and Organizational Infrastructure
1. There is a fragmentation of programs and resources with limited central leadership or mechanisms to coordinate efforts.
2. There are opportunities to leverage the expertise that currently exists at the University and UCI Health. These include doctors, clinicians, health educators and researchers with subject matter knowledge.

b. Education of Students and Faculty
1. There are opportunities to expand proactive health education with a focus on the "whole" student. This would include a focus on the healthy habits of wellness such as nutrition, sleep, exercise and mental health. Task force members note

      that many college students lack understanding and/or neglect these fundamental needs.

2. The FIRST (http://first.uci.edu/) online training is provided only for incoming freshman who are inundated with information and may not retain what they have learned. FIRST refresher training could be available every year for all students.
3. There is confusion about reporting inappropriate behavior and the repercussions of reporting. Students report that there is hesitation to 'make the call' when they have concerns. There are opportunities to educate the campus community about mandated reporters and the Guardian Law and to ensure that such information is included and emphasized in appropriate existing programs.
4. We applaud recent efforts that address the rising concern of prescription drug misuse/abuse on campus. A pilot program was implemented in Mesa Court housing during Winter Quarter of 2018 that utilized targeted education about prescription drug misuse, a social norms campaign around prescription drug use, and a specific Step Up UCI! bystander intervention training on how to intervene when you recognize prescription drug use occurring with your peers. We also applaud recent efforts to provide education about prescription drug misuse through the "Flip the Script" program on February 28, 2018. (https://studentwellness.uci.edu/event/flip-the-script)
5. There are opportunities to expand education about hazing and alcohol.
6. There are opportunities to expand alcohol and other drug-specific bystander invention for certain groups such Greek life, athletes, housing, and first year students.
7. Many faculty and staff are unaware of the existing resources and do not know how to recognize, triage and refer students to appropriate resources.

c. **Communication**
1. There are opportunities to convey messages of mutual care and to foster a culture of health and kindness using integrated approaches.
2. There are opportunities to ensure a safe environment for students to feel they can reach out for support without a fear of consequences.
3. Many students are unaware of the current resources available on campus related to student wellness and the prevention of alcohol and other drug abuse.
4. There are opportunities for executive leadership to promote alcohol and other drug abuse prevention.

d. **Resources**
1. The task force agreed that a significant number of student-related alcohol and other drug abuse events occurs after campus business hours. After 5pm, there is a 24/7 hotline for students in need. After-hours crisis services could be expanded.
2. There is no permanent programming funding for the AOD Program Manager. Due to this, the AOD Task force has not met for the last few years. The task force agreed that alcohol and other drug abuse prevention efforts lose a great deal of momentum and continuity without a permanent program manager.
3. There are opportunities to enhance programming on mental health. (Yale Happiness Class is one example.)

e. <u>Data</u>

1. There is insufficient data about the use of alcohol and other drugs among UCI undergraduate and graduate students. Existing data is either outdated or does not include a large enough population to be statistically significant.
2. There is currently a lack of survey data related to alcohol and other drugs use among Greek life.
3. There are opportunities to enhance data sharing and collaboration among units and programs across campus.
4. <u>Resources are needed to address these data collection gaps.</u>

f. **Partnerships and National Initiatives**

1. Many initiatives are underway in the City of Irvine, through local police and other groups working to prevent and address alcohol and other drug abuse. There are opportunities to activate campus-community partnerships and to work with a community advisory board that has already been assembled by former Irvine Mayor Beth Krom.
2. UCI has been engaged in the UCOP Healthy Campus Network Initiative (through the UCI Healthy Campus Initiative https://www.icts.uci.edu/ce/healthy.php). There are opportunities to continue collaboration across the UC system.
3. UCI could benefit from joining national initiatives to promote student well-being such as the "20 by 30" initiative of the American College Health Association.

X.   RECOMMENDATIONS

Task force recommendations are organized around distinct and interrelated themes as follows:

1. **Leadership and organizational infrastructure**

   a. Designate a budget and an organizational infrastructure dedicated to health promotion.
   b. Recruit a Chief Wellness Officer to lead these efforts and to oversee and integrate wellness programming for students, staff and faculty.
   c. Create a Wellness Leadership Council comprised of key stakeholders to coordinate programs and to ensure synergy, continuity and momentum.
   d. Reactivate the AOD task force to work with the Chief Wellness Officer and Council.
   e. Collect data about student health, alcohol and other drug use, and behavior on an annual basis. Analyze data to evaluate progress, respond to concerns and adjust efforts in response to emerging trends.
   f. Create a UCI Campus Health Index, similar to the School Health Index developed by the US Centers for Disease Control: https://www.cdc.gov/healthyschools/shi/index.htm
   g. Conduct a comprehensive review of campus policies and procedures regarding alcohol and other drug abuse, including related topics about student sanctions for violations of

policy and bystander intervention, to harmonize policies, address gaps and areas of ambiguity.

h. Review the approaches to management of disciplinary cases between the Office of Academic Integrity and Student Conduct and Student Housing, including housing operated by American Campus Communities. Promote best practices and consistency in managing student misconduct.

2. **Build awareness and skills through education and communication**

a. Foster a culture of health through communications, social media and the arts.

b. Distribute an annual campus-wide ZotMail from the Chancellor about the importance of student well-being as a prerequisite to educational success, address alcohol and other drug abuse, and include links to campus resources.

c. Target the over 600 registered campus organizations to provide information and resources about alcohol and other drug abuse prevention, prescription drug misuse, bystander intervention, hazing and non-retaliation for reporting. This information should be provided on an annual basis. More extensive training on alcohol and other drugs for Registered Campus Organization Authorized Signers could be required as a condition of their status or access to campus resources such as room reservations, advising, etc.

d. Require all freshmen to complete a health course that covers the basics of nutrition, sleep, exercise, stress management, social behavior and lifestyle choices. The course would be offered annually to all students including transfer and graduate students. This would be a multidisciplinary course that could be developed using the expertise of faculty within and outside of UCI. For example, the Life 101 (PHRMSCI 42) elective is currently being considered to be developed as a Massive Open Online Course (MOOC) by UCI Continuing Education. Yale University offers a popular course on the Science of Happiness. (Journal of University Teaching & Learning Practice article on Life 101: https://ro.uow.edu.au/jutlp/vol14/iss3/4/)

e. Provide a separate brief, mandatory online course for all students focused specifically on alcohol and other drug abuse and campus resources available. The course would be required annually and could be modeled after the FIRST (http://first.uci.edu/) online training. Integrate information about prescription drug use, bystander intervention, hazing and non-retaliation for reporting risky student behaviors.

f. Incorporate "safe party" content into mandatory student training similar to UC Davis. The UC Davis Safe Party initiative is a collaborative effort between the City of Davis and UC Davis with support from the National Institutes for Alcohol Abuse and Alcoholism (https://safeparty.ucdavis.edu/).

g. Require faculty, teaching assistants and staff to complete brief annual trainings about how to recognize and respond to student distress and existing campus resources. Incentivize faculty to attend existing training sessions.

h. Encourage faculty to demonstrate concern for student well-being and to promote a culture of caring. Campus resources could be discussed in classes and listed in course syllabi and websites.

i. Complete and maintain the UCI Be Well website, a comprehensive database of every wellness and health initiative on campus, scheduled to launch in the fall of '19. Include links to this site in mandatory training modules.

j. Develop and offer an optional package of health coaching services for students.

  k. Share resources with parents of students.

  3. **Enhance and sustain partnerships at local, regional and national levels**

   a. Promote interdisciplinary partnerships within UCI between faculty of the Susan and Henry Samueli College of Health Sciences and the undergraduate campus to enhance best practices, collaborate and conduct research. Provide incentives for faculty and staff to direct some of their efforts to promoting a healthy campus culture.

   b. Sustain and elevate UC system-wide efforts through the UCI Healthy Campus Initiative: https://www.icts.uci.edu/ce/healthy.php

   c. Foster community-wide efforts with the City of Irvine, law enforcement, the Orange County Health Care Agency and philanthropists. Activate a community advisory board to promote 'town-gown' collaboration.

   d. Sustain participation in the National Consortium for Building Healthy Academic Communities. Join efforts such as the "20 by 30" initiative of the American College Health Association to learn from and contribute to best practices. https://www.acha.org/

XI. CONCLUSIONS

UCI has potential to build on existing efforts to promote a culture of health and well-being for students, staff and faculty. We hope these recommendations will inform the next steps in the never-ending quest to promote health and prevent tragic outcomes for UCI students.

XII. ACKNOWLEDGEMENTS

We honor the spirit of Noah Domingo, the UCI student whose tragic loss inspired this initiative. We are grateful to the Domingo family for their willingness to inform our efforts.

We appreciate the contributions of Beth Krom, former mayor of Irvine, for her guidance and for assembling a community advisory board that is prepared to work with UCI.

XIII. APPENDIX

APPENDIX A

Nominal Group Technique:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4909789/

APPENDIX B

National Institute on Alcohol Abuse and Alcoholism (NIAAA) Fact Sheets:

https://pubs.niaaa.nih.gov/publications/CollegeFactSheet/Collegefactsheet.pdf

https://pubs.niaaa.nih.gov/publications/CollegeFactSheet/back_to_collegeFact.htm

APPENDIX C

Reports of recommendations from other national colleges and universities:

University of Oregon – Presidential Task Force on Alcohol and Other Drug Use

> https://president.uoregon.edu/sites/president2.uoregon.edu/files/presidential_task_force_on_alcohol_and_othe_drug_use.pdf

Miami University Alcohol Task Force Report and Recommendations February 2015

> https://miamioh.edu/student-life/_files/documents/alcohol/alcohol-task-force-report-2015_508.pdf

University of Tennessee Knoxville – Final Report of Alcohol Policy Task Force with Appendices Reduced

> http://alcoholtaskforce.utk.edu/wp-content/uploads/Final-Report-of-Alcohol-Policy-Task-Force-w-Appendices-reduced.pdf

University of Texas System Recommendations from the Task Force on Hazing and Alcohol

> https://www.utsystem.edu/sites/default/files/offices/academic-affairs/hazing-and-alcohol-task-force-report.pdf

Muhlenberg College- Campus Alcohol Discussion Letter to Students

> https://www.muhlenberg.edu/president/emeritus/initiatives/archive/campusalcoholdiscussion/lettertostudents/

University of Massachusetts Amherst – Report of the Chancellor's Task Force on the Prevention of Alcohol Abuse

> https://www.umass.edu/senate/sites/default/files/Chancellor%27s%20Task%20Force%20Report%20on%20the%20Prevention%20of%20Alcohol%20Abuse-Sen.%20Doc.%20No.%2003-011_0.pdf

Kenyon College- Report of the Alcohol Task Force March 2017

> https://www.kenyon.edu/files/resources/atf-final-report-317.pdf

University System of Georgia – Alcohol and Substance Abuse Task Force, April 2016
> https://www.usg.edu/assets/usg/docs/news_files/Final_Report_-_USG_Task_Force_Alcohol_and_Substance_Abuse_2016.pdf

TASK FORCE ON CAMPUS CULTURE: ALCOHOL, DRUGS AND BEHAVIOR REPORT – APRIL 15, 2019

APPENDIX D

Healthy Campus 2020 and 2030

https://www.acha.org/healthycampus

APPENDIX E

UCI National College Health Assessment Survey, Spring 2017